



# San Diego County Sheriff's Department Arrest/Juvenile Contact Report

Case No. **18122034**CAD Event No.: **E4918323**Case Disposition: **Arrest**Primary Victim: **(b)(5)(B)**Report No. **18122034.1**

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☒**ARREST REPORT**☐**JUVENILE CONTACT REPORT**WARRANT: ☐ LOCAL ☐ OUT**GENERAL CASE INFORMATION**

Primary Charge: <b>69 - PC - OBSTRUCT/RESIST EXECUTIVE OFFICER WITH MINOR INJURY (F)</b>			
Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>12560 Laurel St, Lakeside, CA 92040</b>		Occurred On: <b>04/27/2018 19:23:00 (Friday)</b>	
Jurisdiction: <b>LAKESIDE - LAKESIDE</b>	Beat: <b>528</b>	Call Source: <b>CELL PHO</b>	(and Between):
Means:		Motives:	

**VICTIM/S****Victim #1**

Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer			
Name: <b>(b)(5)(A)</b>		Victim Type: <b>I - Individual</b>	Interpreter Language:
ALIAS / AKA / NICKNAME / MONIKER:			
Name Type:	First:	Middle:	Last:
Victim Of: <b>243 (E)(1) - PC - BATTERY:SPOUSE/EX SPOUSE/DATE/ETC (M)</b>		County Residence: <b>R - Resident</b>	
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>		Res. Country: <b>(b)(5)(B)</b>	Place of Birth: <b>(b)(5)(B)</b>
Race: <b>(b)(5)(A)</b>	Sex: <b>(b)(5)(A)</b>	Date of Birth / Age: <b>(b)(5)(A)</b>	Height: <b>(b)(5)(E)</b>
Weight: <b>(b)(5)(E)</b>	Hair Color: <b>(b)(5)(E)</b>	Eye Color: <b>(b)(5)(B)</b>	Facial Hair: <b>(b)(5)(B)</b>
Complexion: <b>(b)(5)(B)</b>	Employment Status:	Occupation/Grade:	Employer/School:
Employer Address, City, State, ZIP:			
CONTACT INFORMATION:			
Type: <b>P - Mobile Phone</b>		Number/Address: <b>(b)(5)(A)</b>	
IDENTIFICATION:			
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>	State: <b>CA</b>
Country: <b>US</b>		Attire:	
Injury: <b>N - None</b>		Extent of Treatment: <b>01 - None</b>	Violent Crime Circumstances:
LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED INFORMATION		Type:	Type Activity:
Type Assignment:		VICTIM OFFENDER RELATIONSHIPS	
Offender: <b>Crispin, Mark Thomas</b>		Relationship: <b>(b)(5)(B)</b>	

**Victim #2**

Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer			
Name: <b>Goodrich, Jordan</b>		Victim Type: <b>L - Law Enforcement Officer</b>	Interpreter Language:
ALIAS / AKA / NICKNAME / MONIKER:			
Name Type:	First:	Middle:	Last:
Victim Of: <b>69 - PC - OBSTRUCT/RESIST EXECUTIVE OFFICER WITH MINOR INJURY (F)</b>		County Residence: <b>R - Resident</b>	
Home Address, City, State, ZIP:		Res. Country:	Place of Birth:
Undocumented:		Race: <b>W</b>	Sex: <b>M</b>
Date of Birth / Age: <b>33</b>	Height: <b>5' 6"</b>	Weight: <b>130</b>	Hair Color:
Eye Color:	Facial Hair:	Complexion:	

Reporting Officer: <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization: <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By: <b>SH5580 - MILLER, KARL</b>
Report Date: <b>4/28/2018 12:26:36 AM</b>	Detective Assigned: <b>SH3764 - KUHN, LANDON</b>	Reviewed Date: <b>05/02/2018 18:14:57</b>





# San Diego County Sheriff's Department

## Arrest/Juvenile Contact Report

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Primary Victim: (b)(5)(B)

Report No. **18122034.1****2**

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Employment Status: <b>E - Employed</b>	Occupation/Grade: <b>Deputy Sheriff</b>	Employer/School: <b>San Diego County Sheriff's Department</b>	Employer Address, City, State, ZIP: <b>12365 Parkside St, Lakeside, CA 92040</b>
CONTACT INFORMATION:			
Type: <b>WP - Work Phone</b>	Number/Address: <b>(b)(5)(A)</b>		
IDENTIFICATION:			
Type: <b>SH - Sheriff ID</b>	Number: <b>3093</b>	State:	Country:
Attire:	Injury: <b>M - Apparent Minor Injury</b>	Extent of Treatment: <b>01 - None</b>	Violent Crime Circumstances:
LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED INFORMATION	Type: <b>N - No Death Involved</b>	Type Activity: <b>01 - Responding to "Disturbance" Calls</b>	Type Assignment: <b>G - One Officer Vehicle - Alone</b>
VICTIM OFFENDER RELATIONSHIPS	Offender: <b>Crispin, Mark Thomas</b>	Relationship: <b>ST - Victim Was Stranger</b>	

**IBR/UCR OFFENSE/S**

Offense Description: <b>69 - PC - OBSTRUCT/RESIST EXECUTIVE OFFICER WITH MINOR INJURY (F)</b>	Level: <b>F</b>	Against: <b>PE</b>	Completed? <b>Yes</b>	Counts	Using: <b>N - Not Applicable</b>
Location Type: <b>201 - Apartment/Condo</b>	Hate/Bias: <b>88 - None (No Bias)</b>			Domestic Violence: <b>Yes</b>	
Criminal Activity:	Type Security:	Gang Related: <b>No</b>	Entry:	Point of Entry:	
Weapons/Force: <b>40 - Personal Weapons (Threats, Hands, Fists, Feet, etc.)</b>	Tools:	Targets:			
Offense Description: <b>243 (E)(1) - PC - BATTERY:SPOUSE/EX SPOUSE/DATE/ETC (M)</b>	Level: <b>M</b>	Against: <b>PE</b>	Completed? <b>Yes</b>	Counts	Using: <b>N - Not Applicable</b>
Location Type: <b>201 - Apartment/Condo</b>	Hate/Bias: <b>88 - None (No Bias)</b>			Domestic Violence: <b>Yes</b>	
Criminal Activity:	Type Security:	Gang Related: <b>No</b>	Entry:	Point of Entry:	
Weapons/Force: <b>40 - Personal Weapons (Threats, Hands, Fists, Feet, etc.)</b>	Tools:	Targets:			

**ARRESTEE/S****Arrestee #1**

Name: <b>Crispin, Mark Thomas</b>	County Residence: <b>N - Nonresident</b>	Interpreter Language:
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ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:		Middle:		Last:		Suffix:	
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US</b>		Place of Birth: <b>(b)(5)(B)</b>		Undocumented:	
Race: <b>W</b>	Sex: <b>M</b>	Date of Birth / Age: <b>(b)(5)(A) - 32</b>	Height: <b>5' 6"</b>	Weight: <b>155</b>	Hair Color: <b>BRO</b>	Eye Color: <b>BRO</b>	Facial Hair: <b>03 - Full Beard and Mustache</b>	Complexion: <b>FAR - Fair</b>	
Hair Style: <b>S - Straight</b>		Hair Length: <b>N - Neck</b>		Build: <b>M - Medium</b>		Teeth: <b>1 - Normal</b>		Suspected User:	
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:			

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By <b>SH5580 - MILLER, KARL</b>
Report Date <b>4/28/2018 12:26:36 AM</b>	Detective Assigned <b>SH3764 - KUHN, LANDON</b>	Reviewed Date <b>05/02/2018 18:14:57</b>





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## Arrest/Juvenile Contact Report

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Primary Victim: (b)(5)(B)

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CONTACT INFORMATION:				
Type: <b>MP - Mobile Phone</b>		Number/Address: <b>(b)(5)(A)</b>		
IDENTIFICATION:				
Type: <b>DLN - Drivers License Number</b>	Number: <b>(b)(5)(A)</b>	State: <b>CA</b>	Country:	
Type: <b>SSN - SSN</b>	Number: <b>(b)(5)(A)</b>	State:	Country:	
SCARS, MARKS, TATTOOS, ODDITIES:				
Attire: <b>blue shirt, black pants</b>		Suspect Actions:		
ARREST INFORMATION				
Arrest Type: <b>O - Probable Cause Arrest - New Case</b>	LE Disposition: <b>4 - Felony (Adult Only)</b>	JUS 750 Type: <b>2 - Booked</b>	Citation No.:	Booking No.:
Arrested For: <b>243 (E)(1) - PC - BATTERY:SPOUSE/EX SPOUSE/DATE/ETC (M)</b>		Level: <b>M</b>	Completed: <b>Yes</b>	Counts:
<b>69 - PC - OBSTRUCT/RESIST EXECUTIVE OFFICER WITH MINOR INJURY (F)</b>		<b>F</b>	<b>Yes</b>	
Arrested By: <b>SH3093 - GOODRICH, JORDAN</b>	Arrest Date and Time: <b>04/27/2018 19:50:00</b>	Arrest Location, City, State, ZIP: <b>12650 Laurel St, Lakeside, CA 92040</b>		Beat: <b>528</b>
Arrest Assisted By: <b>SH0069 - BALINGER, JASON</b>		Transported By:		
Miranda Read: <b>No</b>	Admonished By:	Miranda Response:	Jail Billing Code: <b>SD Sheriff's Office</b>	Booked Location:
Armed With: <b>01 - Unarmed</b>		Use of Force to effect Arrest:		
JUVENILES				
Adult Present:	Person Notified:	Juvenile Disposition:	Detention Name:	
Parents Notified By:	Notification Method:	Date and Time Notified:	Juvenile Released To:	
RELEASE INFORMATION				
Released Location:	Released On:	Released By:	Release Reason:	

**SUSPECT/S (Not Yet Arrested)****WITNESSES****Witness #1**

Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input checked="" type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer		
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer <input checked="" type="checkbox"/> 06-Other Lay Witness <input type="checkbox"/> 07-Narc Chemist <input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other		
Name: <b>(b)(5)(B)</b>	Person Code: <b>06 - Other Lay Witness</b>	County Residence: <b>R - Resident</b>
		<b>RP - Reporting Party</b>

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:		First:		Middle:		Last:		Suffix:	
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>(b)(5)(B)</b>		Place of Birth: <b>(b)(5)(B)</b>		Undocumented:	
Race: <b>(b)(5)(B)</b>	Sex: <b>(b)(5)(B)</b>	Date of Birth / Age: <b>(b)(5)(A)</b>	Height: <b>(b)(5)(B)</b>	Weight: <b>(b)(5)(B)</b>	Hair Color: <b>(b)(5)(B)</b>	Eye Color: <b>(b)(5)(B)</b>	Facial Hair:	Complexion: <b>(b)(5)(B)</b>	
Employment Status: <b>(b)(5)(B)</b>		Occupation/Grade: <b>(b)(5)(B)</b>		Employer/School:		Employer Address, City, State, ZIP:			
CONTACT INFORMATION:									
Type: <b>MP - Mobile Phone</b>				Number/Address: <b>(b)(5)(A)</b>					
IDENTIFICATION:									
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)(A)</b>		State: <b>CA</b>			Country: <b>US</b>		

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By <b>SH5580 - MILLER, KARL</b>
Report Date <b>4/28/2018 12:26:36 AM</b>	Detective Assigned <b>SH3764 - KUHN, LANDON</b>	Reviewed Date <b>05/02/2018 18:14:57</b>





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Injury: <b>N - None</b>	Extent of Treatment: <b>01 - None</b>
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## Witness #2

Person Code: <input type="checkbox"/> Secured Premise <input type="checkbox"/> Discovered Crime <input type="checkbox"/> Reporting Party <input type="checkbox"/> Law Enforcement Officer	
Witness Type Code: <input type="checkbox"/> 01-Arresting Officer <input checked="" type="checkbox"/> 06-Other Lay Witness <input type="checkbox"/> 07-Narc Chemist <input type="checkbox"/> 12-Other Expert <input type="checkbox"/> 13-Investigator <input type="checkbox"/> 14-Other	
Name: <b>(b)(5)(A)</b>	Person Code: <b>06 - Other Lay Witness</b>
	County Residence: <b>R - Resident</b>

ALIAS / AKA / NICKNAME / MONIKER:									
Name Type:	First:	Middle:	Last:	Suffix:					
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>			Res. Country: <b>(b)(5)(B)</b>	Place of Birth: <b>(b)(5)(B)</b>	Undocumented:				
Race: <b>(b)(5)(B)</b>	Sex: <b>(b)(5)(B)</b>	Date of Birth / Age: <b>(b)(5)(A)</b>	Height: <b>(b)(5)(B)</b>	Weight: <b>(b)(5)(B)</b>	Hair Color: <b>(b)(5)(B)</b>	Eye Color: <b>(b)(5)(B)</b>	Facial Hair:	Complexion: <b>(b)(5)(B)</b>	
Employment Status: <b>(b)(5)(B)</b>	Occupation/Grade:	Employer/School:			Employer Address, City, State, ZIP:				
CONTACT INFORMATION:									
Type: <b>MP - Mobile Phone</b>	Number/Address: <b>(b)(5)(A)</b>								
IDENTIFICATION:									
Type: <b>DLN - Drivers License Number</b>	Number: <b>(b)(5)(A)</b>		State: <b>CA</b>			Country: <b>US</b>			
Injury: <b>N - None</b>					Extent of Treatment: <b>01 - None</b>				

## OTHER ENTITIES

### PROPERTY

## Property Item #1.000 - Photo CD

Derivative No.: <b>0</b>	Property Category: <b>1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative</b>		
Status: <b>ES - Evidence (Seized)</b>	Count: <b>1</b>	Value:	
Manufacturer:	Model:		
Serial No.:	Model Year:	OAN:	
Color:	Caliber:		
Body Style:	Recovered/ Seized Date: <b>04/27/2018</b>		
Owner:	Disposition: <b>Santee Evidence</b>		
Evidence Tag:	Alert(s):		
Drug Type:	Drug Quantity:		
Search Warrant:			
Notes:			

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By <b>SH5580 - MILLER, KARL</b>
Report Date <b>4/28/2018 12:26:36 AM</b>	Detective Assigned <b>SH3764 - KUHN, LANDON</b>	Reviewed Date <b>05/02/2018 18:14:57</b>





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## Property Item #2.000 - BWC Footage

Derivative No.: <b>0</b>	Property Category: <b>1306 - Body Camera Video</b>		
Status: <b>I - Information Only</b>	Count: <b>8</b>	Value:	
Manufacturer:	Model:		
Serial No.:	Model Year:	OAN:	
Color:	Caliber:		
Body Style:	Recovered/ Seized Date:		
Owner:	Disposition:		
Evidence Tag:	Alert(s):		
Drug Type:	Drug Quantity:		
Search Warrant:			
Notes:			

## REPORT NARRATIVE

### SYNOPSIS:

On 04/27/2018, Mark Crispin and (b)(5)(B) were involved in an altercation because their vehicle was being repossessed. Crispin and (b)(5)(B) are engaged and have been in a relationship for 9 years. (b)(5)(B) witnessed the altercation and saw Crispin strike (b)(5)(B) while she was sitting in the driver seat of the vehicle. (b)(5)(B) exited the vehicle and pushed Crispin and grabbed his shirt. (b)(5)(B) was not at the location upon law enforcement arriving.

Crispin was contacted at the vehicle. Crispin disregarded orders and became confrontational. While detaining Crispin, he resisted by trying to reach into the trunk of the vehicle and pulled away from me. Force was used and Crispin was detained. Crispin sustained a head injury. I sustained a large abrasion to my right knee as a result.

(b)(5)(B) returned to the scene and denied Crispin struck her even after being confronted with witness statements. Crispin was arrested for 243(e)(1) PC - Spousal Battery and 69 PC - Resisting with injury. Lakeside Medic #3 transported Crispin to Scripps Mercy Hospital for treatment. San Diego Central Jail Deputy Lowenstein (#0365) took over custody of Crispin at the hospital.

Body worn camera was utilized during this investigation.

### ORIGIN:

On 04/27/2018, at 1923 hours, I responded to a radio call of a domestic violence occurring at 12560 Laurel Street in Lakeside. (CAD #E4918323)

### BACKGROUND:

(b)(5)(B) and Mark Crispin are engaged and have been in a relationship for 9 years.

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By <b>SH5580 - MILLER, KARL</b>
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## INVESTIGATION:

At 1926 hours, I arrived at the location and contacted the reporting party (b)(5)(B) who briefly stated that he was there to repossess a vehicle. He showed the owners, later identified as Mark Crispin and (b)(5)(B), the repossession paperwork. Crispin and (b)(5)(B) were involved in an altercation and they were assaulting each other. (b)(5)(B) stated (b)(5)(B) left the area eastbound on Laurel.

While speaking with (b)(5)(B) I saw Crispin standing at the car pulling items out. Crispin was in a narrow space between the vehicle and the wall of the apartment complex. Crispin's vehicle was parked facing away from me with the trunk of the vehicle closest to me. I walked over to Crispin and advised him I needed to talk to him. Crispin stated he was fine and he was getting items from the car. I noticed Crispin had a pocket knife clipped to his left pants pocket. I ordered Crispin to come over to me. Crispin stated, "Nah, I'm good" and disregarded my order. I ordered Crispin again to walk over to me now. Crispin still ignored my order and then walked to the trunk of the vehicle. Crispin tried to reach into the trunk of the vehicle. Crispin was a potential suspect in a domestic violence incident and fearing he potentially had a weapon secreted in the trunk of his vehicle, I attempted to detain Crispin. I tried to grab Crispin's left arm. Crispin stated, "Don't fucking touch me" and pulled away from me. I then grabbed Crispin's left wrist with my left hand and turned him away from me. Crispin resisted and tried to turn back around to face me. I ordered Crispin to put his hands behind his back. Again Crispin ignored my orders. I grabbed Crispin's right wrist with my right hand and pulled both of his hands behind his back. Crispin tensed up and clenched his fists. Crispin attempted to turn to his right to face me and tried to pull his hands from my grasp. Crispin then tried to turn to his left side in an attempt to free himself. Crispin again tried to pull both hand from my grasp towards the front of his body. Knowing he had at least one pocket knife on him and fearing there was potentially other weapons in the trunk of the vehicle, I pulled Crispin towards me by his wrists and swept his right leg with my left leg to place him in a prone position on the ground to gain control over Crispin. Crispin struck the right side of his head on the ground. I was able to place handcuffs on Crispin. Had I not used this force on Crispin he could have potentially assaulted me or attempted to escape a lawful detention.

I removed the pocket knife from Crispin and placed it near his vehicle. I rolled Crispin on his side in the recovery position. I noticed Crispin's nose was bleeding and I started medics at 1928 hours. While I was doing this, (b)(5)(B) returned to the scene. I detained (b)(5)(B) and had her sit on the ground. Crispin then started yelling, moaning and started to thrash his body. Crispin then got on his knees as if he was trying to stand up. While I stood at Crispin's backside, I took hold of Crispin's left shoulder with my right hand and left elbow area with my left hand and attempted to calm Crispin down to prevent him from further injury. Crispin continued to thrash and I pulled Crispin back into a prone position to minimize his movements and gain better control of him. Deputy Ballinger (#0069) arrived on scene and assisted with stabilizing Crispin before medics arrived (See Deputy Ballinger's report for details). Deputy Ballinger took over control of Crispin's upper body, but Crispin was still attempting to get up. Crispin pushed with his legs with such force that he lifted Deputy Ballinger off the ground. I utilized my left leg and placed them

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By <b>SH5580 - MILLER, KARL</b>
Report Date <b>4/28/2018 12:26:36 AM</b>	Detective Assigned <b>SH3764 - KUHN, LONDON</b>	Reviewed Date <b>05/02/2018 18:14:57</b>





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across both of Crispin's legs. I utilized my body weight to hold Crispin in place until medics or other deputies could arrive.

While waiting for other deputies to arrive, I noticed my right pant leg was torn and my knee felt as if it was wet. I lifted my pant leg and noticed a large abrasion to my right knee that was bleeding profusely.

Deputies Cagigas (#0025), Addenbrooke (#0133), Bruner (#6639), Moser (#0034), Bennett (#3237) and Dinero (#3335) arrived.

Deputy Cagigas placed (b)(5)(B) in the back seat of my patrol vehicle while I continued my investigation. I contacted (b)(5)(B) who was standing next to (b)(5)(B). Both (b)(5)(B) and (b)(5)(B) provided me with the following statements.

STATEMENT of (b)(5)(B) (Witness):

(b)(5)(B) stated (b)(5)(B) was sitting in the driver seat of the vehicle with the door open. Crispin was standing outside between the driver door and car. Crispin swung inside the vehicle and struck (b)(5)(B) once. He did not see exactly where (b)(5)(B) was punched. (b)(5)(B) exited the vehicle irate and pushed Crispin into a fence next to the driver door. (b)(5)(B) grabbed Crispin's shirt and Crispin pulled away causing his shirt to rip. (b)(5)(B) continued to yell at Crispin and "Took off."

(b)(5)(B) stated he clearly saw Crispin throw a punch and knew it struck (b)(5)(B) because of the way she reacted. (b)(5)(B) identified Crispin as the dominate aggressor.

STATEMENT of (b)(5)(B) (Witness):

(b)(5)(B) stated she saw me try me try to detain Crispin and he started to "Fight." (b)(5)(B) said that I put him down on the ground and Crispin kept fighting with deputies. (b)(5)(B) was not on scene during the original altercation between Crispin and (b)(5)(B).

INVESTIGATION CONTINUED:

Sergeant Miller (#5580) arrived and was notified of the use of force at 1945 hours . Lakeside Medic Unit #3 arrived on scene and treated Crispin for his head injury.

I contacted (b)(5)(B) in the back seat of my patrol vehicle and obtained the following statement.

STATEMENT of (b)(5)(B) (Victim):

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By <b>SH5580 - MILLER, KARL</b>
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(b)(5)(B) stated she was yelling at Crispin over the vehicle being repossessed. She was upset because she was the only one working and the vehicle being repossessed was all his fault.

(b)(5)(B) denied that Crispin hit her. She stated Crispin said, "If there gonna take it then I'm gonna hit the car window." (b)(5)(B) stated she pushed Crispin back and ripped his shirt telling Crispin he was not going to hit the window. I advised her that (b)(5)(B) witnessed the entire altercation and saw Crispin strike her. (b)(5)(B) again denied Crispin only hit the car windshield.

## INVESTIGATION CONTINUED:

I did not notice any visible injuries to (b)(5)(B)

Based on (b)(5)(B) independent witness statement and the fact both stories match with one exception, I believed Crispin was the dominate aggressor. I placed Crispin under arrest for 243(e)(1) PC and 69 PC. Deputy Bennett took photographs of Crispin, (b)(5)(B) myself and the scene. Lakeside Medic #3 transported Crispin to Scripps Mercy Hospital for treatment. I followed the medic unit to Scripps Mercy Hospital. Deputy Ballinger released (b)(5)(B) and provided her with a case number and Sheriff's resource guide.

Upon arriving at the hospital I took three photographs of Crispin's injuries. I was advised by Crispin's nurse that he had a "brain bleed and fractured nose." Due to Crispin's condition I was unable to obtain a statement from him. Crispin was admitted to the hospital. Division of Inspectional Services (DIS) Sergeants Stranger (#2550) and Mowins (#4177) were notified and responded to the Scripps Mercy.

At 2315 hours, San Diego Central Jail Deputy Lowenstein (#0365) arrived at the hospital and took custody of Crispin.

I returned to the Lakeside Substation and copied the photographs onto a compact disc, which was secured into Santee Evidence.

## EVIDENCE:

1-Photo CD

PROPERTY DAMAGE: None.

## INJURIES:

Crispin sustained a subdermal hematoma and a fractured nose. Crispin was treated and admitted to Scripps Mercy Hospital.

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By <b>SH5580 - MILLER, KARL</b>
Report Date <b>4/28/2018 12:26:36 AM</b>	Detective Assigned <b>SH3764 - KUHN, LONDON</b>	Reviewed Date <b>05/02/2018 18:14:57</b>





# San Diego County Sheriff's Department

## Arrest/Juvenile Contact Report

Case No. **18122034**

CAD Event No.: **E4918323**

Case Disposition: **Arrest**

Primary Victim: (b)(5)(B)

Report No. **18122034.1**

**9**

Page 9 of 9

(b)(5)(B) did not sustain any injuries and required no medical attention.

I sustained a large abrasion to my right knee, but did not require medical attention.

### FOLLOW-UP:

To be determined.

### RELATED REPORTS:

Deputy Ballinger's Report (#74760)

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>Lakeside Substation LAKESIDE PATROL</b>	Reviewed By <b>SH5580 - MILLER, KARL</b>
Report Date <b>4/28/2018 12:26:36 AM</b>	Detective Assigned <b>SH3764 - KUHN, LONDON</b>	Reviewed Date <b>05/02/2018 18:14:57</b>





# San Diego County Sheriff's Department Officer Report

CAD Event No. **E4918323**Case No. **18122034**Report No. **74761****1**  
Page 1 of 1**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>12650 Laurel St, Lakeside, CA 92040</b>		Occurred On: <b>4/27/2018 7:23:00 PM (Friday)</b>	
Jurisdiction: <b>LAKESIDE - LAKESIDE</b>	Beat: <b>528</b>	Call Source:	(and Between):

**INDIVIDUAL/S**

Name: <b>Crispin, Mark Thomas</b>				Person Code:		Interpreter Language:	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US - UNITED STATES</b>		County Residence: <b>N Nonresident</b>	
Race: <b>W</b>	Sex: <b>M</b>	Date of Birth / Age: <b>(b)(5)(A) - 32</b>	Height: <b>5' 6"</b>	Weight: <b>155 lbs</b>	Hair Color: <b>BRO</b>	Eye Color: <b>BRO</b>	Facial Hair: <b>03 - Full Beard and Mustache</b>
Employment Status:		Occupation/Grade:	Employer/School:		Complexion: <b>FAR - Fair</b>		
CONTACT INFORMATION							
Type: <b>MP - Mobile Phone</b>				Number/Address: <b>(b)(5)(A)</b>			
IDENTIFICATION:							
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)</b>		State: <b>CA - California</b>		Country:	
Type: <b>SSN - SSN</b>		Number: <b>(b)(5)(A)</b>		State:		Country:	
Attire: <b>blue shirt, black pants</b>		Injury: <b>Yes</b>		Extent Of Treatment: <b>4 - Hospitalized</b>		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

**REPORT NARRATIVE**

See Case Report for Details.

Reporting Officer <b>SH3093 - GOODRICH, JORDAN</b>	Division / Organization <b>LAK_PAT / LAK - Lakeside Substation</b>	Reviewed By <b>SH2635 - BEAUMONT, PHILLIP</b>
Report Date <b>4/28/2018 12:50:38 AM</b>	Detective Assigned <b>SH3764 - KUHN, LANDON</b>	Reviewed Date <b>4/28/2018 3:56:03 AM</b>





# San Diego County Sheriff's Department

## Use of Force Supplemental

UFO DATE AND TIME 4/27/2018 19:23	EVENT NUMBER E4918323	CASE NUMBER 18122034	DOCUMENT NUMBER 74761	STATION/FACILITY LAK - Lakeside Substation												
INCIDENT DESCRIPTION / OFFENSES 69PC / 243(e)(1) PC - Mark Crispin																
SUBJECT'S NAME (LAST, FIRST, MI) Crispin, Mark Thomas		DATE OF BIRTH (b)(5)(A)	ARRESTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR PRESENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
DATE/TIME SUPERVISOR NOTIFIED 04/27/2018 19:45																
<b>REASON(S) FOR USING FORCE:</b> <input type="checkbox"/> Necessary to effect an arrest <input type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input checked="" type="checkbox"/> Necessary to defend self or another <input checked="" type="checkbox"/> Necessary to restrain for subject's safety <input checked="" type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input checked="" type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot																
SUBJECT APPEARED TO BE <input type="checkbox"/> Under the influence of alcohol and/or drugs <input type="checkbox"/> Mentally impaired		NUMBER OF OFFICERS ON SCENE 2		NUMBER OF OFFICERS USING FORCE 1												
LEVEL(S) OF RESISTANCE ENCOUNTERED <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input checked="" type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input checked="" type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)																
LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)																
<input checked="" type="checkbox"/> <b>Verbal Commands:</b> "Put your hands behind your back" and "Relax"																
<input checked="" type="checkbox"/> <b>Empty Hand Control</b> <input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight <input type="checkbox"/> Control Hold (Duration: ) <input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: ) <input type="checkbox"/> Strike (Body part used: ) (# of Contacts: ) <input checked="" type="checkbox"/> Takedown Type: <u>Leg Sweep Takedown</u> <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: )																
<input type="checkbox"/> <b>Less-Lethal Weapon System</b> <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt																
<input type="checkbox"/> <b>Firearm</b> <input type="checkbox"/> Type: _____																
<input type="checkbox"/> <b>Other:</b> _____																
<input type="checkbox"/> <b>Tool/Device/Weapon</b> <input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: ) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration: ) <input type="checkbox"/> Impact Weapon (# of Contacts: ) Type: _____ <input type="checkbox"/> Canine (Duration: ) (# of Contacts: ) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration: ) Type: _____ <input type="checkbox"/> Spit Sock (Duration: ) <input type="checkbox"/> Pro-Strait Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP																
WAS INITIAL USE OF FORCE EFFECTIVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment														
OFFICER(S) INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment														
SUBJECT INJURY DESCRIPTION		OFFICER INJURY DESCRIPTION														
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE:																
<table border="1"><tr><td>SERGEANT</td><td></td><td>ARJIS</td><td>DATE</td></tr><tr><td>LIEUTENANT</td><td></td><td>ARJIS</td><td>DATE</td></tr><tr><td>CAPTAIN</td><td></td><td>ARJIS</td><td>DATE</td></tr></table>					SERGEANT		ARJIS	DATE	LIEUTENANT		ARJIS	DATE	CAPTAIN		ARJIS	DATE
SERGEANT		ARJIS	DATE													
LIEUTENANT		ARJIS	DATE													
CAPTAIN		ARJIS	DATE													
<p>MARK FIGURE TO INDICATE CONTACT POINT(S)</p>																





# San Diego County Sheriff's Department

## Use of Force Supplemental

### Use of Force Supplemental Instructions

**Lines 1 & 3:** Fill in the blanks.

**Line 2:** If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

**Primary Reason for Using Force:** Check appropriate box(s).

**Subject Appeared To Be:** Check if applicable.

**Number of Officers on Scene:** List number of officers present.

**Number of Officers Using Force:** List number of officers that used force.

**Level(s) of Resistance Encountered:** Check appropriate box(s).

**L.E. Tool/Technique Used:** Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

**Was Initial Use of Force Effective?** If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

**Was Additional Control or Force Needed:** If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

**Target Distance:** If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

**Subject Injured:** Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

**Extent of Treatment:** Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

**Officer Injured:** Check appropriate box (see above).

**Extent of Treatment:** Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

**Other Force Used/Comments/Equipment Performance:** This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

**Mark Figure to Indicate Contact Points:** When applicable, mark the areas on the figure where applied force contacted the subject's body.

**Sergeant:** Sign, list ARJIS number and date reviewed.

**Lieutenant:** Sign, list ARJIS number and date reviewed.

**Captain:** Sign, list ARJIS number and date reviewed.





# San Diego County Sheriff's Department Officer Report

CAD Event No. **E4918323**Case No. **18122034**Report No. **74760****1**

Page 1 of 3

**GENERAL CASE INFORMATION**

Special Studies:		Related Cases:	
Location, City, State, ZIP: <b>12560 Laurel St, Lakeside, CA 92040</b>		Occurred On: <b>4/27/2018 7:22:00 PM (Friday)</b>	
Jurisdiction: <b>LAKESIDE - LAKESIDE</b>	Beat: <b>528</b>	Call Source:	(and Between):

**INDIVIDUAL/S**

Name: <b>CRISPIN, MARK THOMAS Jr.</b>				Person Code:		Interpreter Language:	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US - UNITED STATES</b>		County Residence: <b>N Nonresident</b>	
Race: <b>W</b>	Sex: <b>M</b>	Date of Birth / Age: <b>(b)(5)(A) - 32</b>	Height: <b>5' 6"</b>	Weight: <b>155 lbs</b>	Hair Color: <b>BRO</b>	Eye Color: <b>BRO</b>	Facial Hair: <b>(b)(5)(A)</b>
Employment Status: <b>U - Unemployed</b>		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION							
IDENTIFICATION:							
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)</b>		State: <b>CA - California</b>		Country: <b>US - UNITED STATES</b>	
Type: <b>SSN - SSN</b>		Number: <b>(b)(5)(A)</b>		State:		Country: <b>US - UNITED STATES</b>	
Attire:		Injury: <b>Yes</b>		Extent Of Treatment: <b>4 - Hospitalized</b>		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

Name: <b>(b)(5)(B)</b>				Person Code:		Interpreter Language:	
ALIAS / AKA / NICKNAME / MONIKER:							
Home Address, City, State, ZIP: <b>(b)(5)(A)</b>				Res. Country: <b>US - UNITED STATES</b>		County Residence: <b>N Nonresident</b>	
Race: <b>(b)(5)(A)</b>	Sex: <b>(b)(5)(A)</b>	Date of Birth / Age: <b>(b)(5)(A) -</b>	Height: <b>(b)(5)(A)</b>	Weight: <b>(b)(5)(A)</b>	Hair Color: <b>(b)(5)(A)</b>	Eye Color: <b>(b)(5)(A)</b>	Facial Hair: <b>(b)(5)(A)</b>
Employment Status:		Occupation/Grade:		Employer/School:		Employer Address, City, State, ZIP:	
CONTACT INFORMATION							
Type: <b>MP - Mobile Phone</b>				Number/Address: <b>(b)(5)(A)</b>			
IDENTIFICATION:							
Type: <b>DLN - Drivers License Number</b>		Number: <b>(b)(5)</b>		State: <b>CA - California</b>		Country: <b>US - UNITED STATES</b>	
Type: <b>SN - SSN</b>		Number: <b>(b)(5)(A)</b>		State:		Country: <b>US - UNITED STATES</b>	
Attire:		Injury:		Extent Of Treatment:		Violent Crime Circumstances:	
Subject Injury Description:							
Officer Injury Description:							

**REPORT NARRATIVE****ORIGIN:**

On 04/27/18, at approximately 1923 hours, I was on-duty, in full uniform and driving a marked, Sheriff's, canine vehicle through the unincorporated community of Lakeside. I was dispatched to 12560 Laurel Street to assist Deputy Goodrich #3093 with the investigation of a reported domestic violence incident. The reporting party informed Sheriff's Communications a male and female were involved in an argument and then said they were physically fighting.

I was wearing a body worn camera during this incident.

Reporting Officer <b>SH0069 - BALINGER, JASON</b>	Division / Organization <b>LAK_PAT / LAK - Lakeside Substation</b>	Reviewed By <b>SH2635 - BEAUMONT, PHILLIP</b>
Report Date <b>4/27/2018 10:45:34 PM</b>	Detective Assigned <b>SH3764 - KUHN, LANDON</b>	Reviewed Date <b>4/28/2018 3:56:45 AM</b>





# San Diego County Sheriff's Department Officer Report

CAD Event No. **E4918323**

Case No. **18122034**

Report No. **74760**

**2**

Page 2 of 3

Event Number: E4918323

## DEPUTY'S OBSERVATIONS AND ACTIONS:

Deputy Goodrich arrived first. Sheriff's Dispatch gave him emergency traffic. Deputy Goodrich was attempting to provide information to the dispatcher over the radio, but there was no audible radio traffic. I feared Deputy Goodrich was involved in a struggle with the subjects in the radio call. I arrived at approximately 1928 hours as Deputy Goodrich informed Sheriff's Communications he had been attempting to request "Code Cover", but now the subject was detained. He requested deputies continue to respond.

I parked in the driveway of the apartment complex. I got out of my vehicle and saw Deputy Goodrich had a male and female detained in handcuffs. They were both sitting on the ground. The male was bleeding from his face, but appeared calm, and the female was talking to Deputy Goodrich. It appeared as though Deputy Goodrich had in fact been involved in some type of struggle with the male. The male was later identified as Mark Crispin and the female was identified as (b)(5)(B).

I began putting on my gloves and walked toward Deputy Goodrich. As I approached them, I noticed Mark Crispin was now yelling and moaning. Deputy Goodrich was attempting to calm him and keep him seated, but Crispin was kicking his legs about wildly and moving his upper body back and forth. It appeared as though Crispin was trying to gain traction on the ground with his feet and build up the necessary momentum with his upper body to get himself into a standing position without the use of his hands. Crispin was spun around onto his stomach by the time I was at his side. I knelt down at his legs. Deputy Goodrich was attempting to control his upper body. It looked as though Crispin was still struggling to get away so I reached down and put my hands on the back of Crispin's thighs. I leaned my left leg over the back of his lower legs, preparing to help hold him down should his resistance continue.

Mark Crispin was able to lift his body upward and was starting to get to his feet, but Deputy Goodrich got him back onto the ground. Crispin continued struggling around, trying to escape Deputy Goodrich's control. He was yelling and groaning aloud, making a lot of noise without saying any words. It appeared as though Crispin was not entirely oriented. His persistent struggle, loud groaning, yelling and strength led me to believe he had an altered level of consciousness, either from drugs, alcohol, a mental condition, trauma or a medical condition.

Deputy Goodrich requested Sheriff's Communications have the fire department respond.

I feared if I did not adequately restrain Mark Crispin's movements he would continue to fight to get away. If he continued fighting to get away in the same manner, I believed the risk of injury to all three of us would be great. To help Deputy Goodrich control Crispin's movement and reduce our risk of inflicting or sustaining any further injuries, I decided to use my body weight to hold Crispin down on the ground. I moved onto Crispin's upper body, placing my lower legs around the middle of his back, facing toward his legs. Shortly after doing this, Crispin pushed up with such force, I was lifted upward and taken off balance. I moved to Crispin's left side then put my lower legs and knees across his back, perpendicular to his spine. I settled my body weight evenly across his upper body as he straightened his legs. This significantly restricted Crispin's movement. I remained on top of Mark Crispin's back, awaiting the assistance of additional deputies.

Deputies Cagigas #0025, Addenbrooke #0133, Bruner #6639, Moser #0034, Bennett #3237 and Dinero #3335 arrived.

Sergeant Miller #5580 arrived.

By the time additional deputies arrived, Mark Crispin began calming and stopped trying to resist. I released a good portion of my body weight from his back, but kept my right leg in place for a moment longer. Crispin started complaining about his handcuffs. I removed his handcuffs, replacing them with my two, which I linked together, giving his hands more separation.

Reporting Officer <b>SH0069 - BALINGER, JASON</b>	Division / Organization <b>LAK_PAT / LAK - Lakeside Substation</b>	Reviewed By <b>SH2635 - BEAUMONT, PHILLIP</b>
Report Date <b>4/27/2018 10:45:34 PM</b>	Detective Assigned <b>SH3764 - KUHN, LONDON</b>	Reviewed Date <b>4/28/2018 3:56:45 AM</b>





# San Diego County Sheriff's Department Officer Report

CAD Event No. **E4918323**

Case No. **18122034**

Report No. **74760**

**3**

Page 3 of 3

Paramedics arrived. It appeared as though Mark Crispin was becoming more lucid. Crispin began speaking with paramedics as they evaluated his injuries. He appeared to have reached a state of cooperation and reason. I assisted him into a seated position and allowed the paramedics to continue with their evaluation.

Deputy Goodrich continued his investigation. He informed me Mark Crispin was under arrest and said (b)(5)(B) was a victim of domestic violence.

I provided (b)(5)(B) with a case number and domestic violence information pamphlet. I informed her of her right as a victim of domestic violence and explained what was happening with Mark Crispin.

Deputy Goodrich followed paramedics to the hospital and I left the scene.

I was wearing a body worn camera during this incident. I did not place the camera into its recording mode immediately, but remembered to do so shortly after arriving.

## RELATED REPORTS:

Deputy Goodrich completed an arrested report. See his report for additional details.

Reporting Officer <b>SH0069 - BALINGER, JASON</b>	Division / Organization <b>LAK_PAT / LAK - Lakeside Substation</b>	Reviewed By <b>SH2635 - BEAUMONT, PHILLIP</b>
Report Date <b>4/27/2018 10:45:34 PM</b>	Detective Assigned <b>SH3764 - KUHN, LONDON</b>	Reviewed Date <b>4/28/2018 3:56:45 AM</b>





# San Diego County Sheriff's Department

## Use of Force Supplemental

UFO DATE AND TIME 4/27/2018 19:22	EVENT NUMBER E4918323	CASE NUMBER 18122034	DOCUMENT NUMBER 74760	STATION/FACILITY LAK - Lakeside Substation
INCIDENT DESCRIPTION / OFFENSES D/R BALINGER 69 PC				
SUBJECT'S NAME (LAST, FIRST, MI) CRISPIN, MARK THOMAS Jr.		DATE OF BIRTH (b)(5)(A)	ARRESTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR PRESENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DATE/TIME SUPERVISOR NOTIFIED 04/27/2018 19:45				
<b>REASON(S) FOR USING FORCE:</b> <input type="checkbox"/> Necessary to effect an arrest <input type="checkbox"/> Necessary to prevent a violent forcible felony <input type="checkbox"/> Delaying Jail Operations <input type="checkbox"/> Necessary to defend self or another <input checked="" type="checkbox"/> Necessary to restrain for subject's safety <input checked="" type="checkbox"/> Necessary to prevent escape/evasion <input type="checkbox"/> Necessary during high-risk incident <input type="checkbox"/> Necessary to effect a lawful detention <input type="checkbox"/> Necessary during riot				
SUBJECT APPEARED TO BE <input type="checkbox"/> Under the influence of alcohol and/or drugs <input type="checkbox"/> Mentally impaired		NUMBER OF OFFICERS ON SCENE 2		NUMBER OF OFFICERS USING FORCE 1
LEVEL(S) OF RESISTANCE ENCOUNTERED <input type="checkbox"/> NONE (subject cooperated/complied) <input type="checkbox"/> PSYCHOLOGICAL INTIMIDATION (non-verbal cues indicating subject's attitude or physical readiness to resist) <input checked="" type="checkbox"/> VERBAL NON-COMPLIANCE (subject's expressed unwillingness to comply with the officer's commands) <input type="checkbox"/> PASSIVE RESISTANCE (represents by a refusal to respond to verbal commands but also offers no form of physical resistance) <input checked="" type="checkbox"/> ACTIVE RESISTANCE (pushing, pulling or running away from the officer to avoid control; not attempting to harm the officer) <input type="checkbox"/> ASSAULTIVE BEHAVIOR (physical actions of assault) <input type="checkbox"/> AGGRAVATED ACTIVE AGGRESSION (potential injury or death)				
LAW ENFORCEMENT TOOL/TECHNIQUE USED TO GAIN COMPLIANCE OR OVERCOME RESISTANCE (CHECK ALL THAT APPLY)				
<input checked="" type="checkbox"/> <b>Verbal Commands:</b> RELAX				
<input checked="" type="checkbox"/> <b>Empty Hand Control</b> <input checked="" type="checkbox"/> Grab, Push, Pull, or Body Weight <input checked="" type="checkbox"/> Control Hold (Duration: 4 MINUTES AND 30 SECONDS) <input type="checkbox"/> Pressure Point (Duration: ) (# of Contacts: ) <input type="checkbox"/> Strike (Body part used: ) (# of Contacts: ) <input type="checkbox"/> Takedown Type: _____ <input type="checkbox"/> Carotid (Rendered Unconscious? <input type="checkbox"/> Yes <input type="checkbox"/> No) (Duration: )				
<input type="checkbox"/> <b>Tool/Device/Weapon</b> <input type="checkbox"/> OC Agent (Duration: ) (# of Contacts: ) <input type="checkbox"/> Decontaminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cord Cuff Restraint Device (Duration: ) <input type="checkbox"/> Impact Weapon (# of Contacts: ) Type: _____ <input type="checkbox"/> Canine (Duration: ) (# of Contacts: ) <input type="checkbox"/> Vehicle/Forcible Stop <input type="checkbox"/> Weapon Pointed at Subject (Duration: ) Type: _____ <input type="checkbox"/> Spit Sock (Duration: ) <input type="checkbox"/> Pro-Strait Chair <input type="checkbox"/> Tactical Shield <input type="checkbox"/> WRAP				
<input type="checkbox"/> <b>Less-Lethal Weapon System</b> <input type="checkbox"/> PepperBall - OC Powder <input type="checkbox"/> PepperBall - Water <input type="checkbox"/> 37 mm Rifle - Standard <input type="checkbox"/> 37 mm Rifle - Low Energy <input type="checkbox"/> 40 mm Rifle - Bean Bag <input type="checkbox"/> 40 mm Rifle - Sponge <input type="checkbox"/> Taser - Probes <input type="checkbox"/> Taser - Drive Stuns <input type="checkbox"/> Stingball Grenade <input type="checkbox"/> Sound/Light device <input type="checkbox"/> 12-Gauge Super Sock <input type="checkbox"/> Ultron/NOVA Shield <input type="checkbox"/> REACT Belt				
<input type="checkbox"/> <b>Firearm</b> <input type="checkbox"/> Type: _____				
<input type="checkbox"/> <b>Other:</b> _____				
WAS INITIAL USE OF FORCE EFFECTIVE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
WAS ADDITIONAL CONTROL OR FORCE NEEDED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
SUBJECT INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
OFFICER(S) INJURED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		EXTENT OF TREATMENT <input checked="" type="checkbox"/> None <input type="checkbox"/> Treated at hospital <input type="checkbox"/> Treated at scene <input type="checkbox"/> Hospitalized <input type="checkbox"/> Refused treatment		
SUBJECT INJURY DESCRIPTION		OFFICER INJURY DESCRIPTION		
OTHER FORCE USED/COMMENTS/EQUIPMENT PERFORMANCE:				
SERGEANT		ARJIS	DATE	
LIEUTENANT		ARJIS	DATE	
CAPTAIN		ARJIS	DATE	
<p>MARK FIGURE TO INDICATE CONTACT POINT(S)</p>				





# San Diego County Sheriff's Department

## Use of Force Supplemental

### Use of Force Supplemental Instructions

**Lines 1 & 3:** Fill in the blanks.

**Line 2:** If the suspect was committing a crime and force was used to stop or apprehend the subject, document the appropriate penal code. If the UOF occurred in the performance of the officer's duties, document the incident description, i.e. officer transport, officer escort, making arrest, detaining suspect, cell extraction etc.

**Primary Reason for Using Force:** Check appropriate box(s).

**Subject Appeared To Be:** Check if applicable.

**Number of Officers on Scene:** List number of officers present.

**Number of Officers Using Force:** List number of officers that used force.

**Level(s) of Resistance Encountered:** Check appropriate box(s).

**L.E. Tool/Technique Used:** Check appropriate box(s). If known and/or applicable, include duration (approximate length of time) tool/technique was used. If known and/or applicable, include the number of contacts (approximate number of strikes, impacts, etc.) when requested on form.

**Was Initial Use of Force Effective?** If initial force used was effective, check "Yes." If initial force used was ineffective and additional force was necessary, check "No."

**Was Additional Control or Force Needed:** If initial force used was ineffective and additional force was necessary, check "Yes." If initial force used was effective, check "No."

**Target Distance:** If applicable (refers primarily to less lethal weapon systems), approximate distance or provide range (i.e. 7-15 feet, 15-20 yards, etc.) from subject during application of force.

**Subject Injured:** Check "Yes" if medically treated for injury sustained as a possible result of force applied by a officer(s) – does not include previous injuries suffered prior to officer contact. Check "No" if subject was not injured or simply complains of injury/pain suffered as a result of force applied by an officer(s) and refuses medical attention. Any complaints of pain shall be documented in the use of force report narrative (whenever any physical force used by a officer results in a complaint of injury or an injury that necessitates medical treatment of a subject, a supervisor will be notified immediately).

**Extent of Treatment:** Check appropriate box. Check none if subject was evaluated and no treatment was required. Specifically, check "Treated at Scene" if subject was treated at scene by EMS for injuries that may have resulted due to force applied by officer(s). Check "Treated at Hospital" if subject was transported to hospital for treatment of injuries that may have been sustained as an apparent result of force applied by officer(s). Check "Hospitalized" if subject was admitted to the Hospital as a result of injuries that were sustained as a result of force applied by officer(s).

**Officer Injured:** Check appropriate box (see above).

**Extent of Treatment:** Check appropriate box. Check none if officer was evaluated and no treatment was required. Specifically, check "Treated at Scene" if officer was treated at scene by EMS for injuries. Check "Treated at Hospital" if officer was transported to hospital for treatment of injuries. Check "Hospitalized" if officer was admitted to the Hospital as a result of injuries.

**Other Force Used/Comments/Equipment Performance:** This section can be used to document other force options not listed on the form; relevant comments about the incident such as complaints of pain/injury (room permitting) and negative/positive comments regarding equipment performance.

**Mark Figure to Indicate Contact Points:** When applicable, mark the areas on the figure where applied force contacted the subject's body.

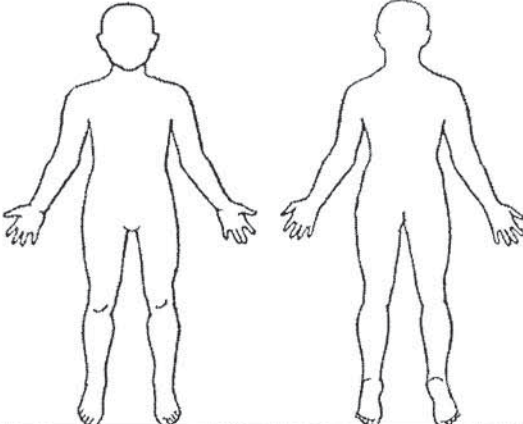
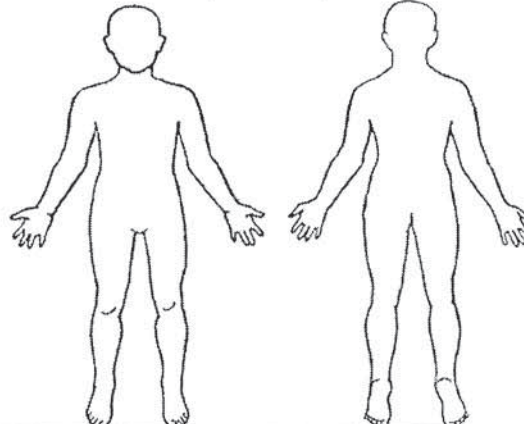
**Sergeant:** Sign, list ARJIS number and date reviewed.

**Lieutenant:** Sign, list ARJIS number and date reviewed.

**Captain:** Sign, list ARJIS number and date reviewed.



# SAN DIEGO COUNTYWIDE DOMESTIC VIOLENCE SUPPLEMENTAL

<b>CASE #:</b> <div style="font-size: 1.2em; font-family: cursive;">18122034</div>	<b>Reporting Officer &amp; ID#:</b> <div style="font-size: 1.2em; font-family: cursive;">J. Goodrich #3093</div>
<b>RELATIONSHIP BETWEEN SUSPECT &amp; VICTIM</b>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Dating <input type="checkbox"/> Formerly Dating <input checked="" type="checkbox"/> Engaged <input type="checkbox"/> Formerly Engaged <input type="checkbox"/> Child in Common <input type="checkbox"/> Cohabitants (not related to each other) <input type="checkbox"/> Former Cohabitants Length of relationship: <u>9</u> Year(s) _____ Months(s) _____ If applicable, date relationship ended: _____	
<b>VICTIM</b>	<b>SUSPECT</b>
<b>VICTIM NAME</b> (Last, First, Middle) <div style="background-color: black; color: white; padding: 2px;">(b)(5)(B)</div>	<b>SUSPECT NAME</b> (Last, First, Middle) <div style="font-family: cursive;">CRISPIN, MARK</div>
<b>DATE OF BIRTH:</b> _____ M <input type="checkbox"/> F <input checked="" type="checkbox"/> <div style="background-color: black; color: white; padding: 2px;">(b)(5)(A)</div>	<b>DATE OF BIRTH:</b> _____ M <input checked="" type="checkbox"/> F <input type="checkbox"/>
<b>EMOTIONAL DEemeanOR UPON ARRIVAL</b>	<b>EMOTIONAL DEemeanOR UPON ARRIVAL</b>
<input checked="" type="checkbox"/> Upset <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Nervous <input type="checkbox"/> Not at Scene <input type="checkbox"/> Flat Affect	<input type="checkbox"/> Upset <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Nervous <input type="checkbox"/> Not at Scene <input type="checkbox"/> Flat Affect
<b>INJURIES</b>	<b>INJURIES</b>
<input type="checkbox"/> Report of pain <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Head injury <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Possible broken bones <input type="checkbox"/> Soreness <input type="checkbox"/> Other: _____ Explain: _____ <input checked="" type="checkbox"/> No visible or reported injuries <input type="checkbox"/> Draw location of injuries in diagram below	<input type="checkbox"/> Report of pain <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Head injury <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Possible broken bones <input type="checkbox"/> Soreness <input type="checkbox"/> Other: _____ Explain: _____ <input checked="" type="checkbox"/> No visible or reported injuries <input type="checkbox"/> Draw location of injuries in diagram below
 <div style="margin-left: 20px;"> <div style="background-color: black; color: white; padding: 2px;">(b)(5)(B)</div>  HT: _____  WT: _____ </div>	 <div style="margin-left: 20px;"> HT: <u>5'6"</u>  WT: <u>155</u> </div>
<b>MEDICAL TREATMENT</b>	<b>MEDICAL TREATMENT</b>
<input checked="" type="checkbox"/> None <input type="checkbox"/> First Aid Provided <input type="checkbox"/> Declined Medical Aid <input type="checkbox"/> Will Seek Own Does Victim have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Paramedic Response <input type="checkbox"/> Transported to Hospital <input type="checkbox"/> Hospital /Medic Unit: _____ <input type="checkbox"/> Medical Release Signed by Victim? <input type="checkbox"/> Is Victim Pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> None <input type="checkbox"/> First Aid Provided <input type="checkbox"/> Declined Medical Aid <input type="checkbox"/> Will Seek Own Does Suspect have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Paramedic Response <input type="checkbox"/> Transported to Hospital <input type="checkbox"/> Hospital /Medic Unit: _____ <input type="checkbox"/> Medical Release Signed by Suspect? <input type="checkbox"/> Is Suspect Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SUBSTANCE ABUSE</b>	<b>SUBSTANCE ABUSE</b>
Possible influence of: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input checked="" type="checkbox"/> None <input type="checkbox"/> Symptoms observed: _____ History of Substance Abuse by Victim? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sample Taken By: _____ Requested Preservation (Sample Taken at Hospital): <input type="checkbox"/>	Possible influence of: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both <input checked="" type="checkbox"/> None <input type="checkbox"/> Symptoms observed: _____ History of Substance Abuse by Suspect? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sample Taken By: _____ Requested Preservation (Sample Taken at Hospital): <input type="checkbox"/>



# SAN DIEGO COUNTYWIDE DOMESTIC VIOLENCE SUPPLEMENTAL

## STRANGULATION

Did the suspect strangle or "choke" the victim ☐ Yes ☒ No

*If yes, complete the Countywide Strangulation Documentation Form.*

## FIREARMS/DEADLY WEAPONS OWNED/USED/IMPOUNDED

Firearm(s)/deadly weapon(s) used during the incident? ☐ Yes ☒ No List/describe weapon(s) used: \_\_\_\_\_

Does suspect have access to firearms? ☐ Yes ☒ No List/describe: \_\_\_\_\_

Firearm(s)/deadly weapon(s) impounded per PC 18250? ☐ Yes ☒ No List/describe weapon(s) impounded: \_\_\_\_\_

## HISTORY OF ABUSE

Prior history of physical abuse/threats? ☐ Yes ☒ No

Was this prior abuse/threats documented by law enforcement? ☐ Yes ☒ No

Approximate number of prior incidents: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Investigating Agency(s): \_\_\_\_\_

Previous abuse by suspect to victim: ☐ Threatened with weapons ☐ Threatened to kill victim or victim's children ☐ Constantly jealous

☐ Controls victim's daily activities ☐ Abuse has become more frequent ☐ Past strangulation ☐ Suspect is unemployed

*If Yes to any of the above, describe this prior abuse (last, worst, first), approximate date(s), injuries, witnesses, etc. in report Narrative.*

## WITNESSES

Witnesses present during domestic violence? ☒ Yes ☐ No

All witness statements taken? ☒ Yes ☐ No

Witness info listed in crime report? ☒ Yes ☐ No

*Include witness statements in Report*

## CHILDREN PRESENT DURING INCIDENT

NAME	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Present <input type="checkbox"/> Witness <input type="checkbox"/> Injured <input type="checkbox"/> Interviewed	<input type="checkbox"/> Emotional Demeanor: _____	<input type="checkbox"/> Child of victim <input type="checkbox"/> Child of suspect <input type="checkbox"/> Other: _____
NAME	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Present <input type="checkbox"/> Witness <input type="checkbox"/> Injured <input type="checkbox"/> Interviewed	<input type="checkbox"/> Emotional Demeanor: _____	<input type="checkbox"/> Child of victim <input type="checkbox"/> Child of suspect <input type="checkbox"/> Other: _____
NAME	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Present <input type="checkbox"/> Witness <input type="checkbox"/> Injured <input type="checkbox"/> Interviewed	<input type="checkbox"/> Emotional Demeanor: _____	<input type="checkbox"/> Child of victim <input type="checkbox"/> Child of suspect <input type="checkbox"/> Other: _____

More than three children present? ☐ Yes ☒ No If Yes, list additional children in Report.

## CROSS REPORT TO CWS

Cross report to Child Welfare Services filed? ☐ Yes ☒ No

Note: Tell the CWS hotline worker whether drugs were involved in the incident, so that a Drug Endangered Children (DEC) referral may be made

## EVIDENCE COLLECTED

Physical Evidence Collected (e.g. torn clothing, broken objects)? ☐ Yes ☒ No

Location Collected: ☐ Crime Scene ☐ Hospital ☐ Other: \_\_\_\_\_

Photographs Taken? ☒ Victim ☒ Suspect Photographs Of: ☒ Crime Scene ☐ Physical Evidence ☐ Witness(es) ☐ Other: \_\_\_\_\_

## RESTRAINING ORDERS

TRO/RO on record? ☐ Yes ☒ No If Yes, Issuing court: \_\_\_\_\_ ☐ TRO/RO No. \_\_\_\_\_

Emergency Protective Order Issued? ☐ Yes ☒ No

## VICTIM RESOURCES PROVIDED

☒ Incident or Crime Case Number

☒ Victim Advised of Right to Support Person

☐ Other: (Specify) \_\_\_\_\_

☒ Domestic Violence Resource Guide

☒ Victim Advised of Right to EPO





# San Diego County Sheriff's Department Evidence Report

Case No: **18122034**Evidence Sheet No: **001****1**

Page 1 of 1

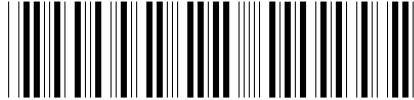
**GENERAL CASE INFORMATION**

REPORTING AGENCY: <b>SH - Sheriff</b>				
CALL FOR SERVICE NUMBER (CAD) <b>E4918323</b>	OFFENSE TYPE: <b>69 - PC - OBSTRUCT/RESIST EXECUTIVE OFCR BY FORCE (F)</b>	DIVISION: <b>LAK - Lakeside Substation</b>	BILLING CODE: <b>SDSO - SD Sheriff's Office</b>	SEARCH WARRANT NUMBER:
DATE OF INCIDENT: <b>4/27/2018</b>	INCIDENT LOCATION (CITY, STATE, ZIP): <b>12560 LAUREL ST LAKESIDE CA 92040</b>			KEY CASE NUMBER:
REPORTING OFFICER: <b>SH3093 - GOODRICH, JORDAN</b>		ID: <b>SH3093</b>	DIVISION: <b>Lakeside Substation</b>	
ASSIGNED DETECTIVE: <b>SH3764 - KUHN, LONDON</b>		ID: <b>SH3764</b>	DIVISION: <b>Lakeside Substation</b>	

**OUTSIDE AGENCY**

OA CASE NUMBER:	AGENCY NAME:	ASSIGNED DETECTIVE:	CONTACT PHONE:
	AGENCY ADDRESS (CITY, STATE, ZIP):		

**INVOLVED PEOPLE****EVIDENCE INFORMATION SECTION**

FIN <b>1.1</b>	OA Item/TAG #	PROPERTY DESCRIPTION: <b>PHOTO CD</b>		 <b>* I 2 0 0 3 4 9 8 *</b>
VALUE:	QUANTITY: <b>1</b>	MAKE / MANUFACTURER:	MODEL:	
CALIBER:	SERIAL NUMBER:	PROPERTY TYPE: <b>1311 - Recording - Interview or Case related - Video/Photo CD, DVD, Tape, Film, Digital storage, Negative</b>		
PROPERTY STATUS: <b>ES - Evidence (Seized)</b>		SEARCH WARRANT:		
PROPERTY DISPOSITION: <b>Stored</b>		DATE/TIME RECVRD / SEIZED: <b>4/27/2018</b>	CSI	
DRUG TYPE:		DRUG QUANTITY:	DRUG MEASURE:	
NOTES:				



























